

**THE PRAXIS SERIES:  
ParaPro ASSESSMENT**

**Biographical Information Form for Proposed Panel Members**

SUBJECT AREA OF TEST \_\_\_\_\_  
\_\_\_\_\_ PARAPROFESSIONAL ASSESSEMENT \_\_\_\_\_

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL AND SCHOOL  
DISTRICT \_\_\_\_\_

MAILING ADDRESS OF  
SCHOOL \_\_\_\_\_  
(Street/P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

Describe School Location      ☐ URBAN      ☐ SUBURBAN      ☐ RURAL

WORK NUMBER: Area Code \_\_\_\_\_ Number \_\_\_\_\_

COMPLETE HOME  
ADDRESS \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

HOME TELEPHONE: Area Code \_\_\_\_\_ Number \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR THE SUBJECT AREA LISTED ABOVE**

Do you have 2 years of college or an associates degree? ☐ YES ☐ NO

Are you a high school graduate or have a GED? ☐ YES ☐ NO

Do you work as an instructional paraprofessional? ☐ YES ☐ NO

Are you a licensed teacher of record? ☐ YES ☐ NO

Did you participate in the pilot for the ParaPro Assessment on September 21, 2002? ☐ YES ☐ NO

How many years have you supervised or worked as a paraprofessional? \_\_\_\_\_ years

Do you work in a Title I school? ☐ YES ☐ NO

SCHOOL LEVEL    ☐ ELEMENTARY                      ☐ MIDDLE                      ☐ SECONDARY

SCHOOL SETTING ☐ URBAN                      ☐ SUBURBAN                      ☐ RURAL

GENDER                      SELF-DESCRIPTION

☐ FEMALE

☐ AFRICAN AMERICAN OR BLACK

☐ MALE

☐ AMERICAN INDIAN OR ALASKA NATIVE

☐ ASIAN, ASIAN AMERICAN, OR PACIFIC ISLANDER

☐ MEXICAN OR MEXICAN AMERICAN

☐ OTHER HISPANIC, LATINO, LATIN AMERICAN, OR PUERTO RICAN

☐ WHITE

☐ OTHER \_\_\_\_\_

PERSON RECOMMENDING PROPOSED PANELIST \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE RETURN THIS FORM TO:

Judy Miller, Ph.D., Director of Assessment  
Indiana Professional Standards Board  
101 West Ohio Street, Suite 300  
Indianapolis, IN. 46204-1953  
Phone: 317-232-9043  
Fax: 317-232-9023



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